## 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	PAGE 1 OF 1 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Human Rights Campaign C90012626	C C90012626
Check if X 24-hour report 48-hour report New report Amends report filed	d on M M / D D / Y Y Y Y Y
Full Name of Payee	Date of Public Distribution/Dissemination
Hotels.com	M = M / D = D / Y = Y = Y
Mailing Address 10440 N. Central Expwy.	Amount
City State Zip Code	1010.43
Dallas TX 75231	Transaction ID : D622754  Date of Disbursement or Obligation
Purpose of Expenditure Hotel for volunteers  Category/ Type	02 07 2016
Name of Federal Candidate Support Office	ee Sought: House District: 00
Lillary Dadhara Clintar	President Senate State:
Calendar Year-To-Date Per Election for Office Sought  Disb 2016	oursement For:
Full Name of Payee	Date of Public Distribution/Dissemination
Mailing Address	M   M   / D   D   / Y   Y   Y   Y
maining / darece	Amount
City State Zip Code	
	Date of Disbursement or Obligation
Purpose of Expenditure  Category/ Type	M = M / D = D / Y = Y = Y
Name of Federal Candidate Support Office	ce Sought: House District:
Oppose	President Senate State:
Calendar Year-To-Date Per Election for Office Sought	oursement For: Primary General  Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	1010.43
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	1010.43
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	
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